Indiana Department of Health-Immunization Division



<u>Instructions</u>: If your COVID-19 Vaccine inventory is exposed to out-of-range temperatures for any reason (i.e. power outage, unit malfunction, human error (i.e. unit door left open) complete this form once you have followed the <u>During an Emergency</u> steps in your Vaccine Management Plan, including placing a DO NOT OPEN sign on the affected storage units. **Ensure no action is taken with the vaccine (patient use, disposal, etc.) until all manufacturers have been contacted and viability determined.**

COVID-19 PIN:	FACILITY NAME:			Unit Type: Refrigerator Freezer Thermal Shipper Ultra-Low Freezer							
Date & Time of Event If multiple, related events occurred, see Description of Event below	Storage Unit Temperature MUST download and review digital data logger temperature reports			Room Temperature at the time the problem was discovered				Person Completing the Report (name & title)			
Date:	Temp @ discovery:			Temp @ discovery:							
Time:	Minimum ter	temp: Maximum ter		m temp:							
Potentially-affected vaccines and/or products											
Vaccine Brand Name	Manufacturer	Lot#		Expirati Date		# of doses (not # of vials)	Has this vaccine previously been exposed to out of range temperatures? (Y/N)		Manufacturer Case # (see list of manufacturer contacts on p. 4)	Deemed Viable? (Y/N)	Any patients receive affected vaccine inadvertently? (Y/N)

Indiana Department of Health-Immunization Division



DESCRIPTION OF EVENT							
(if multiple, related events occurred, list each date, time, and length of time)							
What happened? (i.e. power outage? Left door open?)	What actions were taken?	What were the results?					
Prevention Efforts							
(What will/can you do to prevent a similar problem from occurring in the future?)							
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Submit completed form to immunize@isdh.in.gov
Keep original record for minimum three (3) years per IDOH requirements

2 March 2021

Indiana Department of Health-Immunization Division



Additional vaccine list, if needed

Additional vaccine list, if needed							
Potentially-affected vaccines and/or products							
Vaccine Brand Name	Manufacturer	Lot#	Expiration Date	# of doses (not # of vials)	Has vaccine previously been exposed to out of range temperatures?	Manufacturer Case # (see list of manufacturer contacts on p. 3)	Deemed Viable? (Y/N)

3 March 2021

Indiana Department of Health-Immunization Division



*Manufacturer	Telephone	Products	
Pfizer	(800) 879-3477, Option 3	COVID-19 Vaccine	
Moderna	1-866-663-3762 excursions@modernatx.com	COVID-19 Vaccine	
Johnson & Johnson	1-800-565-4008	COVID-1	9 Vaccine

4 March 2021